		PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	:OMPLETI	NG THIS FO	RM	
APPLICATION FLORIDA FOR PEINSTATEMENT				A DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS		FILED			
DOCUMENT # F9800001673						99 NOV -1 PM 5: 25			
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MG SYSTEMS & WELDING, INC.							" LEE I D'OOLS, I	LO, 1197	
Principal Place of Business Malling Add				98\$					
				M41-N9487-FOUNTAIN-BLYD- IENOMONEE FALL'S WILESOGI					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable									
				reat Valley Parkway ToD			corporated or Qualified Business in Florida 03/24/1998		
City & State City & Sta					 -	5. FEI Number	23-2888959	Applied For Not Applicable	
Zip Country			Malvern, PA			6. SETTINGS OF STATE OF STATE OF SETTINGS			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P - P/D	RECTOR, HAROLD			W141 N9427 FOUNTAIN BLVD			MENOMONEE FALLS WI		
STD	D CARR, WILLIAM J			3 GREAT VALLEY PKWY			MALVERN PA		
AS	AS ANDERSON, JAMES F			3 GREAT VALLEY PKWY			MALVERN PA		
CD	CD RUDOLF, HERBERY M Dorkhom, George			3 GREAT VALLEY PKWY			MALVERN PA		
-D	D ROMBERG, MICHAEL			9 GREAT VALLEY PKWY			MALVERN PA		
·						0000030390306 -11/09/9901013019			
Name and Address of Current Registered Agent						####750_00 9. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY						P.O. Box Number is Not Acceptable)			
1201 HAYS STREET TALLAHASSEE FL 32301-2525 Suite, Apt. #, Etc.									
11 MARIE WYOMAN I & ORON 1 EOEO					City State Zio Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli-						FL			
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1/-/-99									
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.									
SIGNATURE: SIGNATURE AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Destroy Phone #									

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